

## University of Massachusetts Amherst ScholarWorks@UMass Amherst

---

Exemplary Forms

Psychological Services Center

---

2009

# Assessment Consent Form

Psychological Services Center

Follow this and additional works at: [https://scholarworks.umass.edu/psc\\_forms](https://scholarworks.umass.edu/psc_forms)



Part of the [Psychology Commons](#)

---

Psychological Services Center, "Assessment Consent Form" (2009). *Exemplary Forms*. 2.  
Retrieved from [https://scholarworks.umass.edu/psc\\_forms/2](https://scholarworks.umass.edu/psc_forms/2)

This Article is brought to you for free and open access by the Psychological Services Center at ScholarWorks@UMass Amherst. It has been accepted for inclusion in Exemplary Forms by an authorized administrator of ScholarWorks@UMass Amherst. For more information, please contact [scholarworks@library.umass.edu](mailto:scholarworks@library.umass.edu).



**Psychological  
Services  
Center**

U Mass .edu / PSC

***An Agreement and Consent for  
Psychological Assessment***

The Psychological Services Center (PSC) is a community mental health clinic operated by the Division of Clinical Psychology, in the Department of Psychology at the University of Massachusetts. The PSC engages in *Evidenced Based Psychological Practice*, the highest standard of care in the field of mental health. Your assessment represents a partnership with your clinician that combines your unique characteristics and preferences, a thorough understanding of current clinical research, and the expertise of your clinician and his/her clinical supervisor. Our services are provided in a context of academic scholarship, research, and ongoing evaluations of the quality and effectiveness of your assessment. The PSC is also a teaching clinic, and services are provided by graduate clinicians-in-training, under the supervision of our senior staff of licensed clinical psychologists. Your case material is reviewed for the purposes of supervision by your clinician, his/her supervisor(s), and PSC consulting clinicians.

**Psychological Assessment**

Psychological assessments are conducted for a variety of reasons, including diagnostic clarification, qualification for services, and treatment recommendations. A psychological assessment seeks to provide information about a specific question pertaining to psychological, cognitive, or emotional functioning, using standardized and empirically validated tools chosen by the clinician. The results can be of great value in accessing specialized services, qualifying for educational or occupational accommodations, clarifying the nature of emotional or cognitive symptoms, and designing treatment interventions. Psychological assessments are intensive and usually consist of an interview, several testing sessions, a feedback session to go over the results, and the preparation of a written report. This report is generally released to the clinician who requests the testing or to the individual client when the testing is requested by self-referral. The overall time required depends on the nature of the assessment and the consultation question that is being addressed. There can be no guarantees about the outcome of a psychological assessment. Further, undergoing a psychological assessment may involve discussing unpleasant aspects of your life and may lead to unanticipated results and/or conclusions you find to be discomforting. The PSC attempts to minimize these risks by thoroughly reviewing the nature and purpose of the testing with you, providing well-supervised and trained clinicians, and explaining the results in language you can understand.

**Emergency Services**

The PSC is open Monday-Friday from 8:30am to 5:00pm, and does not provide emergency or on-call services. Your clinician may not be available to you during an emergency, but PSC clinicians make every effort to respond to phone messages in a timely way. In emergency situations, PSC clients who are employees or students at the University of Massachusetts should contact Mental Health Services at 413.545.2337. Community clients who need emergency services should contact 911 or your local emergency response team. If you access emergency services, it may be important to contact your PSC therapist so he/she can provide assistance or records relevant to your treatment.

**Confidentiality**

We maintain a strict and firm policy of confidentiality about your personal information and matters related to your treatment. No information about you or your family will be passed on to another person or agency without your written authorization. The only exceptions include life-threatening emergencies, a court subpoena of records, or instances involving our ethical and legal duty to report abuse of children, elder adults, or disabled individuals. Your case material is reviewed in the normal process of clinical supervision and consultation, but in all other cases any personally identifying information will not be used without written permission. The PSC has a fax machine and email address, but due to continuous changes in technology, we cannot guarantee the confidentiality of electronic communications. Along with this consent form, we will give you a copy of the Psychological Services Center's *Notice of Privacy Practices*, a copy of which can also be found in our waiting room and on our website ([www.umass.edu/psc](http://www.umass.edu/psc)).

**Videotaping**

Our clinic rooms are equipped with video cameras and microphones. Video/audio recordings are reviewed for the purposes of clinical supervision or case consultation, and remain confidential. Video/audio recordings do not become part of your clinical record and ARE NOT used for other purposes without your written authorization. By signing

this form, you are giving permission for video/audio recording of your evaluation for supervision and case consultation. All video/audio recordings are kept securely locked when not in use, and are physically destroyed following the completion of the psychological assessment. Any requests to retain video/audio recordings must be documented with your signature of consent on a separate form.

**Program Evaluation**

The PSC regularly collects information about the progress and outcome of our services to evaluate the effectiveness of our work, and to improve clinical service and psychological knowledge. Your clinical record and related case materials may be used for these purposes, under the conditions of confidentiality spelled out above. You may also be asked to participate in specific research projects that request the completion of additional materials, but such participation is voluntary. Video/audio recordings are not used for research without a separate written authorization.

**Working with Minors**

Clients under 18 years of age who are not emancipated from their parents should be aware that the law allows parents or legal guardians to examine their clinical records.

**Fees**

Your fee is determined based on the number of hours that will be required to complete the evaluation. By signing this form, you agree to pay half of your total fee at the initial interview and the remainder at the first testing session. Because of the intensive nature of psychological assessments, we will not be able to continue with testing until the entire fee is paid.

I have read, understood, and agree to the above policies and have also been given a copy of the Psychological Services Center's *Notice of Privacy Practices*.

---

**Client**

**Date**

---

**Parent/Guardian**

**Date**